

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEES DETERMINATION        | <i>AS</i> |        | 05/22/02 |
| O.I.P.E. CLASSIFIER       | <i>DW</i> | 32     | 3/03     |
| FORMALITY REVIEW          | <i>EW</i> | 64934  | 5/15/00  |
| RESPONSE FORMALITY REVIEW |           |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date       |
|----------|------------|
| Final    | 03/02      |
| Original | 27/11      |
|          | 03/04      |
| 1        | <i>UVV</i> |
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| Claim    | Date |
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| Claim    | Date |
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| Final    | 101  |
| Original | 102  |
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If more than 150 claims or 10 actions  
staple additional sheet here

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